# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000006150

1. Entity Name

GMC MINISTRIES INTERNATIONAL INC.

FILED
07 APR 23 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E037 (10/04)

| Principal Place of Business | Mailing Address |
|---|---|
| 4033 SO MANHATTAN AVENUE<br>TAMPA FL 33611 | 4033 SO MANHATTAN AVENUE<br>TAMPA FL 33611 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4033 So. MANHATTAN AVE. | P.O. BOX 13657 |
| Suite, Apt. #, etc.: 406 | Suite, Apt. #, etc.: |
| City & State: TAMPA, FLORIDA | City & State: TAMPA, FLORIDA |
| Zip: 33611 / Country: U.S.A. | Zip: 33681 / Country: USA |

4. FEI Number: 73-1712723 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| POST, WARNER E<br>4033 SO MANHATTAN AVENUE<br>TAMPA FL 33611 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City / FL / Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>POST, WARNER E<br>4033 SO MANHATTAN AVENUE<br>TAMPA FL 33611<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>KNOX, VERLIE D<br>4033 SO MANHATTAN AVENUE<br>TAMPA FL 33611<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>POST, GERALDINE C<br>4033 SO MANHATTAN AVENUE<br>TAMPA FL 33611<br>☑ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☑ Change ☐ Addition<br>Stephanie A. MOORE<br>4033 So. MANHATTAN Avenue Suite 406<br>TAMPA, FL. 33611 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition<br>400102237474<br>05/14/07--01009--008 **61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Dr. Warner Post - DR. WARNER POST (813) 805-9785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #